

PART B - FEE(S) TRANSMITTAL

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12/10/2007

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
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Linda Metz	(Depositor's name)
<i>Linda Metz</i>	(Signature)
3-10-08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,755	12/04/2003	Seog-Ill Song	3364P153	3170

TITLE OF INVENTION: WIRELESS COMMUNICATION SYSTEM AND METHOD USING GROUPING MAXIMUM LIKELIHOOD DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	03/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	03/14/2008 HGBREH2 00030046 10729755
TRAN, KHAI	2611	375-130000	01 FC:2501 720.00 DP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Blakely, Sokoloff,
 Taylor & Zafman

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ELECTRONICS AND TELECOMMUNICATIONS RESEARCH INSTITUTE

Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 022666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Eric S. Hyman

Date

30,139

Typed or printed name

Registration No.

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